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# Rhode Island Medicaid Program

## June 2023

# Provider Update

State Offices will be closed in observance of the following Holidays in 2023

Independence Day	Tuesday July 4th
Victory Day	Monday August 14th
Labor Day	Monday September 4th
Columbus Day	Monday October 9th
Veteran's Day	Monday November 13th
Thanksgiving	Thursday November 23rd
Christmas	Monday December 25th

**Please Note!**

**The RI Medicaid Customer Service Help Desk/Call Center will also be closed on the same days.**

**The RI Medicaid Health Care Portal (HCP) is available 24 hrs./7 days for Member Eligibility, Claim Status, View Remittance Advice and View Remittance Advice Payment Amount.**

Click [here](#) for the HCP login page.



# June 2023 Provider Update



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**RI Medicaid  
Customer Service  
Help Desk for  
Providers**  
Available Monday—Friday  
**8:00 AM-5:00 PM**  
**(401) 784-8100**  
for local and  
long distance calls  
**(800) 964-6211**  
for in-state toll calls



## Medicaid Renewals Update

Annual Medicaid renewals began again on April 1, 2023. So far, three cohorts have begun their renewal process: the April, May, and June cohorts. These three groups total about 38,000 Rhode Islanders.

To ensure Medicaid members get the help they need to successfully navigate the renewal process, EOHHS recently awarded close to \$100,000 in mini-grants to community organizations in support of Medicaid renewals outreach. Mini-grantees have agreed to use those funds to get technology like scanners or iPads, or for on-site staff to be trained as Certified Application Counselors (CAC) who can provide help in multiple languages. [Click here to view a list of those mini-grantees on our website.](#)

As a healthcare provider, you are a trusted source of information for the people in your community. By helping us spread the word about Medicaid renewals, you can help ensure members get critical information about their health coverage and stay covered. To that end, we'd like to highlight for you some [new and recently updated resources on our website](#). Please consider sharing this information in your waiting rooms or with your patients who are enrolled in Medicaid.

1. **New!** Social media toolkit in English, Spanish, and Portuguese
2. **New!** Sample newsletter content in English, Spanish, and Portuguese
3. Info sheet-Recently updated
4. Rack card-Recently updated
5. Flyer pack-Recently updated
6. Poster-Recently updated

There are some important things you can do to help make sure your patients stay covered.

**Share information in waiting areas.** [This web page has downloadable flyers and posters with information about Medicaid renewals in multiple languages.](#)

- **Talk to your patients who are on Medicaid.** Make sure they're aware that this process is starting again. Let them know that their coverage is still active during this process and the state will be sending them information when it's their turn to renew.
- **Encourage patients to make sure their contact information is up to date** so the State can send them important notices about their coverage. Here's how they can update their contact information:
  - By computer or smartphone: Visit [healthyrhode.ri.gov](http://healthyrhode.ri.gov) or download the [HealthyRhode mobile app](#).
  - By phone: Call the number on your insurance card if you have Neighborhood Health Plan of Rhode Island, Tufts Health Plan (RITogether) or UnitedHealthcare Community Plan (UHCCP). You can also call HealthSource RI at 1-855-840-4774 or the Department of Human Services at 1-855-697-4347.
  - In person: Staff at the Rhode Island Department of Human Services (DHS) offices can assist customers in person. [Click here](#) for a list of DHS regional offices.

To learn more about Medicaid renewals or download informational materials in multiple languages, visit [staycovered.ri.gov](http://staycovered.ri.gov).

## COVER ALL KIDS IMPLEMENTATION

Cover All Kids extends full-benefit medical assistance to children who would otherwise be eligible for Medicaid, but for their immigration status.

Legislation passed effective July 1, 2022 – [RIGL 42-12.3-15. Expansion of Rlte track program.](#)

While applications for coverage may be accepted through all available channels (online, mail, phone, in person), **we caution that we currently have system limitations which will delay eligibility determination.**

- Applications received **before September 1, 2022** may receive an initial denial notice, but will be manually reviewed by Department of Human Services (DHS) staff for Cover All Kids eligibility.
- **Beginning September 1, 2022**, applications will be accepted, and won't be initially denied, but also will not result in an automatic approval. These applications will be worked by DHS staff via a manual process. Approval notices will be sent when criteria is met. Denial notices will be sent when eligibility criteria is not met.
- All applications approved via this manual process will receive a retroactive eligibility start date of **July 1, 2022**. Once electronic processing has started, the effective date will be based on the application. Cover All Kids members will receive a Medicaid ID card – the white anchor card – about one week after their eligibility is processed.

Providers should be prepared to bill fee-for-service Medicaid for any approved member expenses for dates of service beginning July 1, 2022.

Though not immediately, the Cover All Kids population will be enrolled in Managed Care Organizations (MCOs). These enrollments are likely to begin on October 1, 2022 and based on a standard eligibility waiting period thereafter. Cover All Kids members will also receive RlteSmiles coverage, the Medicaid Children's dental program.

**For emergency or high-need cases**, providers and applicants are encouraged to submit applications as soon as possible and to request expedited assistance via Linda DeMoranville at [linda.demoranville@dhs.ri.gov](mailto:linda.demoranville@dhs.ri.gov).

**For all other cases, to avoid application backlog, we request applications be submitted on or after October 1, 2022.** Thank you for your partnership and patience as we get our systems prepared to provide services to this new population of children.

## **Katie Beckett (KB) Medicaid Eligibility: Health Care Coverage for Children with Severe Disabilities**

**\*\*Please note that the clinical team overseeing the process for the Katie Beckett Medicaid Program has been moved to DHS-LTSS, kindly refer inquiries and mail application for the KB program to the DHS-LTSS contact below\*\***

Katie Beckett is an eligibility category in Medicaid that allows children under age 19 who have long-term disabilities or complex medical needs to become eligible for Medicaid coverage. To be qualified, child must meet the income and resource requirements for Medicaid for persons with a disability; qualify under the U.S. Social Security Administration's (SSA) definition of disability and require a level of care at home that is typically provided in a hospital, nursing facility or an Intermediate Care Facility for Persons with Intellectual Disability (ICF-MR). Katie Beckett Medicaid eligibility enables children to be cared for at home instead of an institution. With Katie Beckett, only the child's income and resources are used to determine eligibility.

For information about the Katie Beckett program, contact DHS LTSS at: 401-574-8474 or email: [DHS.PedClinicals@dhs.ri.gov](mailto:DHS.PedClinicals@dhs.ri.gov)

To apply for the Katie Beckett Medicaid Program, Kindly complete the DHS-2 Application, check the KB-Katie Beckett: Health Care Coverage for Children with Severe Disabilities, and mail to:  
Attention: DHS LTSS--Katie Beckett Program  
P.O. Box 8709  
Cranston, RI 02920



### **All Medicaid Members Eligible for Discounted Internet**

The Federal Communications Commission recently [launched the Affordable Connectivity Program \[r20.rs6.net\]](#) to reduce the cost of internet service. Through this program, all Medicaid members are eligible for a \$30 per month (or \$75 per month on Tribal Lands) discount on any internet service plan from participating providers. Eligible households can also receive a one-time discount of up to \$100 on a laptop, desktop, or tablet. [Households can enroll in the program here. \[r20.rs6.net\]](#)

## **Updates to the Healthy Rhode Mobile App for Customers**

The Healthy Rhode Mobile App recently underwent important updates to enhance both customer experience and operations efficiency. In addition to providing a wider array of support services through the mobile app, it is expected these enhancements will also serve to improve the customer experience both in-person and via the call center by offering the types of services commonly sought through both of these venues, likely resulting in shorter wait times. These upgrades include:

- Displaying previously submitted documents, appointments, banner messages, and notices
- Allowing customers to enter reasonable explanations, along with the documents upload
- Allowing customers to reset passwords and recover their username via one-time password
- Allowing customers to login via Biometrics
- Notifying customers of key dates and information pertinent to their case
- Allowing customers to create accounts, reset passwords, and recover their usernames
- Allowing customers to opt into text messages and push notifications
- Allowing customers to view their Medicaid ID on the mobile app
- Allowing customers to get on-demand updates of the status of their applications or recertifications/interims or periodic verifications
- Allowing customers the ability to submit simple changes to their case and household through the mobile app

These upgrades continue to further advance the customer service focus by addressing some of their most common needs. The ability to accomplish many of these necessary tasks through the mobile app is an exciting and extremely useful step that will help customers more quickly and efficiently accomplish tasks important to ensuring access to and continuity of benefits.

**Attention Local Education Agencies (LEA) Providers:**

Federal requirements specify that an individual must be identified as the ordering or referring professional on a claim in instances where an order or referral is required. For example under 42 CFR 440.110(a), in order to be eligible for Federal Financial Participation, Physical Therapy services must be prescribed by a physician or other licensed practitioner of the healing arts within the scope of practice authority under state law. Similarly, under 42 CFR 410.110(b), Occupational Therapy services must be referred by a physician or other licensed practitioner of the healing arts within the scope of practice authority under state law. While the IEP may serve as the prescription or referral, an individual with the authority to prescribe or refer the specified services must be identified as the ordering/referring provider (ORP) using their Type I NPI on the claims submitted to Medicaid for those services consistent with §§ 455.410 and 455.440.

Effective July 1, 2023, **ALL** LEA claims will require a referring provider NPI. This requirement will be for any date of service past or present, when the claim is submitted on or after 7/1/2023. Claims submitted without the referring provider NPI will be denied with Explanation of Benefits (EOB) code 574 - REFERRING/ORDERING PROVIDER REQUIRED AND MISSING. The referring provider must be either a fully participating RI Medicaid provider or a RI Medicaid enrolled non-billing provider. The referring provider may be the same as the rendering provider on the claim. More information can be found in the [OPR Frequently Asked Questions](#).

Q: Where is the OPR information entered on the claim form?

A: CMS 1500 Claim Form Box 17a—Referring Provider Taxonomy code with qualifier “ZZ” Box 17b—NPI of referring provider

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)			15. OTHER DATE			
MM	DD	YY	QUAL.	MM	DD	YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a.			
			17b. NPI			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)						

Q: Where is the OPR information entered for electronic claims?

A: For clearing houses/vendors and professional claims the OPR information should be entered in Loop 2310A, and for institutional claims the information should be entered on Loop 2310F.

For questions, contact your Provider Representative, Karen Murphy at (571) 348-5933 or

[karen.murphy3@gainwelltechnologies.com](mailto:karen.murphy3@gainwelltechnologies.com) .

## Department of Health Program: Parents as Teachers

Starting May 1, 2023, the Parents as Teachers program will begin billing Medicaid for services. The Parents as Teachers (PAT) program is a statewide evidence-based family home visiting program. PAT enrolls pregnant people and children up to ages two or three and provides visits to a child until they turn four or five. Parent Educators listen and respond to family needs. They link families with supports such as medical homes to ensure children are receiving well-child visits and health screenings. Parent Educators also make linkages to community resources and social supports, and other families with young children. During visits, Parent Educators provide fun, healthy activities to do with children that support a child's growth and development and support families in achieving their goals.

To learn more about Parents as Teachers and other family visiting programs, please call 401-222-5960, or visit [Department of Health](#).

## Staying Connected

Are you a trading partner with RI Medicaid? Have you changed external or internal business processes? Have you had internal staff changes? If your contact information is out of date, you might miss vital information for your covered providers. Stay connected to RI Medicaid and send your email address to [riproviderservices@gainwelltechnologies.com](mailto:riproviderservices@gainwelltechnologies.com) so that you can receive the monthly provider update with essential information for your covered providers.

### Clearing Houses/Billing Agencies – Managing your Trading Partner Profile

Did you know you are responsible for managing the covered providers located in your trading partner profile? What does this mean? If you wish to conduct business on the providers behalf, you must add their NPI to your Covered Providers. If you would like to download the 835/277U transactions for the provider, you must also **check off** the 835/277U transaction boxes. Did you know when the provider no longer wants you to download their 835/277U, you **must** remove the NPI from your covered providers? Please select the link below for instructions on how to **add** and **remove** your covered providers.

#### [Managing Covered Provider Guide](#)

**\*\*\* If you are no longer practicing business with a covered provider,  
please end date that NPI\*\*\***

## Attention: Trading Partners, Clearinghouse, and Software Vendors

RI Medicaid is preparing to implement the **Real Time 270/271** Eligibility Verification Request and Response and **Real Time 276/277** Claim Status Request and Response Transactions.

For **Real Time** transactions the sender remains connected while the receiver processes the transactions and returns a response to the sender and with an average response time within 20 seconds. Gainwell will utilize a **Real Time** Safe Harbor interface referred to as HDE (Health Direct EDI). This will allow for trading partners to transmit the **Real Time** transactions directly to the translator (EDIaaS).

### HDE connectivity and requirements per CAQH Core Rules

- Trading Partner Software web service to process transaction
  - Trading Partner transaction can be in SoapUI or MIME format for submission
- Trading Partner will receive a URL, HDE username and password to access the HDE connection.

**What does this mean?** If you are a provider you will need to contact your software vendor, clearing house or billing agency. RI Medicaid does not offer software for these **Real Time** transactions.

### To participate

Do you have a trading partner number?

Is your contact information on the Healthcare Portal current?

If you have answered yes to the above questions and are interested in these **Real Time** transactions, please answer the questions below.

### Testing will begin late June to early July.

To participate in testing, you must provide the information below.

Name, TPID, contact name, email, and telephone number. Identify format (SOAPUI or MIME) for submitting the **Real Time** transactions.

Send your answers to [riediservices@gainwelltechnologies.com](mailto:riediservices@gainwelltechnologies.com). Please make sure to add a subject line of **Real Time** Transactions.

## Electronic Billing for Medicare and Senior Replacement/Advantage Plans

To facilitate electronic billing and proper reimbursement for Medicare and Commercial Medicare (Advantage/Replacement) Plans the following fields are required:

- **Loop 2320** Other Subscriber Information **SBR09** - Must contain **MA** or **MB** as appropriate for the claim filing indicator
- **Loop 2320** Claim Level Adjustments **CAS** segment - Must contain Deductible **PR 1** or Coinsurance of **PR 2**
- **Loop 2320** Coordination of Benefits (COB) **Payer Paid Amount** – Must contain the **Amount Paid** (other insurance paid amount)
- **Loop 2330B Other Payer Name** (Carrier Code) **Segment NMI09** Other Payer Primary Identifier – Must contain the appropriate **carrier code**, see below for list:

MDA/MDB Medicare	22A Aetna Medicare Advantage Plan
06A United Senior Care	24A Connecticut Medicare Advantage Plan
08A Healthfirst Medicare Advantage Plan	26A Humana Medicare Advantage Plan
09A HMO-Blue of Massachusetts Advantage Plan	26B Humana Medicare Advantage Dental Plan
12A Blue Chip—Medicare HMO	89A Tufts Health Plan (PPO) Medicare Advantage Plan
18A Wellcare Medicare Advantage Plan	C01 CarePlus Advantage Plan
19A MMM Healthcare of Puerto Rico Advantage Plan	C02 Commonwealth Care Alliance, Inc Medicare Advantage Plan

### For Provider Electronic Solutions Software (PES) Users:

**Claim Filing Indicator** can be found on OI Screen

Claim Filing Ind Code

**CAS Segments** can be found on OI ADJ Screen

Adjustment Group Codes/Reason Codes/Amount:  
 1   .00 4

Continued on next page:



## Electronic Billing for Medicare and Senior Replacement/Advantage Plans For PES Users, continued:

**Payer Paid Amount** can be found on OI Adj Screen

Hdr 1	Hdr 2	Hdr 3	OI	<b>OI Adj</b>
Paid Date/Amount			00/00/0000	

**Payer Identifier Code (Carrier Code)** can be found in the Policy Holder Screen

Policy Holder	
Client ID	Carrier Code

If you need to add a carrier code to your PES software, please select **LIST** along the top and then select **Carrier**. Once the carrier code has been added, you need to add it to your **Policy Holder Record**.

DXC Provider Electronic Solution

File Edit View Forms Lists Tools Window Help

Carrier

Carrier Code	18A	Carrier Code Qualifier	PI	Add
Carrier Name	WELLCARE			Delete
Carrier Address				

### All Providers

#### Coverage Type Code Addition

Please be advised that a new coverage type code has been added to RI Medicaid. You may see this coverage type code in the Healthcare Portal when checking eligibility. The new coverage type is Medicare Part C Plan (Medicare Advantage). Previously, these policies had a commercial insurance coverage type code of HMO.

### **Prior Authorization for Durable Medical Equipment (DME)**

Physicians writing scripts/prescriptions for durable medical equipment (i.e. diapers, nutrition, etc.) should give the script directly to the recipient and indicate to the recipient to contact a DME Supplier provider. **The DME Supplier provider will initiate the prior authorization request with RI Medicaid.**

When prior authorization is required for a service, the DME Supplier provider is to submit a completed Prior Authorization Request form which can be obtained on the [EOHHS website](#). This form must be signed and dated by the **DME Supplier provider** as to the accuracy of the service requested. Attached to this form will be the Proof of Medical Necessity signed by the prescribing provider. When necessary, further documentation should be attached to the Prior Authorization Request form to justify the request. Forms can be faxed to (401) 784-3892.

**Please note prior authorization requests for DME supplies received from a physician will be returned.**

Prior authorization does not guarantee payment. Payment is subject to all general conditions of RI Medicaid, including beneficiary eligibility, other insurance, and program restrictions.

An approved prior authorization cannot be transferred from one vendor to another. If the beneficiary wishes to change vendors once the prior authorization has been approved, the new vendor will submit another Prior Authorization Request form with a letter from the beneficiary requesting the previous prior authorization be canceled.

For those beneficiary's dually enrolled in the RI Medicaid Program and Medicare, prior authorization is not required for Medicare covered DME services. Providers are required to accept Medicare assignment for all covered DME services. RI Medicaid will reimburse the copay and/or deductible as determined by Medicare up to the RI maximum allowable amount using the lesser of logic.

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### **Attention DME Providers**

Effective 3/1/23, Rhode Island Medicaid Fee-for-Service will be activating coverage for HCPCS code K1005 - DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE. Reimbursement is \$0.24 per unit with a maximum of 120 units per month.

No prior authorization is required. Vendor must verify continued medical necessity for lactating members on a monthly basis prior to delivering refills for this item per DME regulations detailed on page 11 of the [DME Provider Manual](#) under Refill Requirements. This item must be billed monthly. Three-month and/or automatic shipments are not permitted.

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## Attention Assisted Living Facilities (ALF) Providers

Effective January 1, 2023, the monthly Room and Board Rate for all Medicaid LTSS Assisted Living customers will change to \$1246 to reflect the Year 2023 Federal Benefit Rate (FBR). Cost of Care (COC) may also change to reflect the 2023 COLA for customers who are receiving SSA benefits. For customers with income below \$1246, their R&B may be less.

For assistance, questions, or concerns, please contact:

LTSS Coverage: 401-574-8474 or DHS Coverage: 1-855-697-4347 or the LTSS

Email: [dhs.ltss@dhs.ri.gov](mailto:dhs.ltss@dhs.ri.gov) .

For Cost of Care (COC) and Room and Board updates and discrepancies, please contact:

OHHS Contacts: [OHHS.LTSSEscalation@ohhs.ri.gov](mailto:OHHS.LTSSEscalation@ohhs.ri.gov) or [Sally.mcgrath@ohhs.ri.gov](mailto:Sally.mcgrath@ohhs.ri.gov)



## ADA Stretcher Compliance- NEMT Benefit

### Healthcare Providers to Comply with ADA Stretcher and Wheelchair Requirements for NEMT Benefit

Under Title III of the Americans with Disabilities Act (ADA), healthcare providers must comply with the relevant physical access accommodations. Providers are required to make 'reasonable accommodations' to policies, practices, and procedures to avoid discriminating against an individual with a disability. EOHHS is in receipt of several complaints from contracted transportation providers (TP) regarding stretcher transportation issues at healthcare provider facilities.

EOHHS reminds healthcare providers that under its non-emergency medical transportation (NEMT) benefit, **transportation providers cannot leave an unattended stretcher at a provider/facility unless it is the member's personal mobility device or leave the transportation provider's stretcher at the facility.**

We thank you for your cooperation and attention to this important matter and kindly remind contracted network providers to comply with all ADA requirements, including wheelchair and stretcher transport for member's utilizing the NEMT benefit.



## NURSING HOMES, ASSISTED LIVING, AND HOSPICE PROVIDERS

### Payment Delivery for Interim Payments

Due to the ongoing COVID-19 State of Emergency, Interim payments will continue to be automatically deposited into the bank account associated with your Gainwell Technologies MMIS account.

This will alleviate the need for in-person visits to the Gainwell Technologies office.

The Next system payment will be deposited into the bank account directly, in line with the financial calendar on June 16, 2023

Gainwell Technologies will securely mail the member information to providers detailing which client and date of service the payment is for.

We will continue to communicate with providers on any changes.

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### REMINDER FOR NURSING HOME

Stimulus funds should be treated the same as a tax refund/rebate by nursing homes. The rebate is not treated as income, or as a resource for a 12-month period, in determining an individual’s eligibility or assistance amount under any federally funded public program.

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### Attention Medicaid HIV Targeted Case Managers

Effective for dates of service beginning June 1, 2023, there will be a change to the billing. The change will differentiate claims for HIV Positive recipients and High-Risk Negative recipients. To accomplish this a modifier will be required when billing for High-Risk Negative Medicaid recipients. The modifier is U4 and the payment will continue to be \$15.00 per unit, see chart below.

Proc Code	Modifier	Rate	HIV Status
X0377	None	\$15.00	HIV Positive
X0377	U4	\$15.00	High Risk Negative

For questions about billing please contact your Provider Representative, Karen Murphy at [karen.murphy3@gainwelltechnologies.com](mailto:karen.murphy3@gainwelltechnologies.com) or 571-348-5933.

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## Nursing Home Transition Program and Money Follows the Person

[The Nursing Home Transition Program and Money Follows the Person program \(NHTP\) can offer support to your facility, helping residents who are eligible for Medicaid return to the community, when appropriate.](#)

Referrals to the program can come from nursing home staff, residents, family, or others. On receiving a referral, the NHTP Transition Team provides information and support to develop a plan and facilitate the transition, including coordinating community services and supports, helping find housing, obtaining necessary household goods and furniture, and assisting with the move.

Transition services are available to individuals who are directly served through the RI Medicaid office and those who are served by a managed care organization.

Following a move, the Team maintains weekly contact with an individual for the first thirty days and establishes a care management plan for subsequent follow up.

To refer someone interested in discussing options for returning to the community, complete a referral form and fax it to (401) 462-4266. The form can be found on the Rhode Island Executive Office of Health and Human Services website via a link on the Nursing Home Transition Program webpage: <https://eohhs.ri.gov/Consumer/NursingHomeTransitionProgram.aspx>.

We welcome your questions and feedback and are happy to meet with your staff. Please contact us by email at [ohhs.ocp@ohhs.ri.gov](mailto:ohhs.ocp@ohhs.ri.gov), by telephone at (401) 462-6393 or individually using the information below.

### Contact Information

Karen Statser  
Money Follows the Person Program Director  
[Karen.statser@ohhs.ri.gov](mailto:Karen.statser@ohhs.ri.gov)  
(401) 462-2107

Robert Ethier  
Money Follows the Person Deputy Director  
[robert.ethier.ctr@ohhs.ri.gov](mailto:robert.ethier.ctr@ohhs.ri.gov)  
(401) 462-4312



## **Attention Community Supports Management (CSM) Users**

The Community Supports Management Website was designed to help users enter forms electronically. Users can enter the following forms on the CSM without a need to fax them over to the local DHS office.

Nursing Home Admission Slips

Nursing Home Discharge Slips

In order to gain access to the CSM Website, **all new users must fill out and submit a [CSM User ID](#) form** which can be found on the [www.eohhs.ri.gov](http://www.eohhs.ri.gov) website. Please email the completed form to [Nelson.Aguiar@gainwelltechnologies.com](mailto:Nelson.Aguiar@gainwelltechnologies.com).

Once the form is received, please allow 7-10 business days to process your request.

The user will receive an email with their CSM User ID, a temporary password, and a link to the CSM with some basic instructions on logging in.

Please remember that passwords must be between six and eight alphanumeric characters in length, contain no special characters or spaces, cannot be all nines and expire every 90 days.

**For passwords that require Gainwell to reset them for you, please email [rixix-ticket-system@gainwelltechnologies.com](mailto:rixix-ticket-system@gainwelltechnologies.com) or call [1-844-718-0775](tel:1-844-718-0775).**

### **\*Important Reminder**

Please remember as a user of the Rhode Island Community Supports Management System (CSM), it is your agency's responsibility, upon someone leaving your workforce, to notify the State of Rhode Island Executive Office of Health and Human Services or Gainwell to revoke access to the CSM. Requests for termination of access must be sent on the CSM User Form, with the selection of "Delete" at the top of the form. Please send the form to [Nelson.Aguiar@gainwelltechnologies.com](mailto:Nelson.Aguiar@gainwelltechnologies.com) to have the worker's access to CSM removed. It is our shared responsibility to prevent unauthorized access to the CSM and to protect and safeguard the Personal Health Information of our Health & Human Services program enrollees.

## Attention Dental Providers

As noted in the [Dental Provider Manual](#), in-office topical fluoride is covered for recipients 21 years of age or older who have medical or dental conditions that significantly interrupt the flow of saliva. These conditions may include, but are not limited to, radiation therapy, tumors, and certain drug treatments, such as some psychotropic medications and certain diseases and injuries.

When used as a preventive measure only for members at low risk for caries, topical fluoride treatment for recipients 21 years or older is not a covered benefit of Medicaid. To support use of topical fluoride, providers should document level of caries risk. It is required that once a year for topical fluoride varnish (prophylaxis not included) D1206 and topical application of fluoride-excluding varnish D1208 that caries risk assessment is listed on claims.

Those codes are:

D0601 -Caries risk assessment and documentation, finding of low risk

D0602 -Caries risk assessment and documentation, finding of medium risk

D0603 -Caries risk assessment and documentation, finding of high risk

These codes should be billed at zero dollars (\$0). Codes D0602 and D0603 both support the use of topical fluoride in adult however D0601 does not. The assessment must have been performed within the twelve months directly preceding the date of service for D1206 or D1208. Providers should perform a caries risk assessment for patients using a Caries Risk Assessment form of their choice. In typical use, a copy is provided to the patient, and a copy is kept in the record. Failure to comply could lead to claims being recouped.

**Resource:** [Caries Risk Assessment and Management](#), American Dental Association

- [Caries Risk Form \(over age 6\)](#)
- [Topical fluoride for caries prevention](#)

If you have questions, please contact customer service at 401-784-8100 and for in-state toll calls, 800-964-6211.

You may also contact Andrea Rohrer, Provider Representative at (469) 897-4389 or [andrea.rohrer@gainwelltechnologies.com](mailto:andrea.rohrer@gainwelltechnologies.com)



## Partner Advisory from the Rhode Island Executive Office of Health & Human Services Regarding Access to Mifepristone- 4/17/2023

Under the leadership and direction of Governor Daniel McKee, the Rhode Island Executive Office of Health & Human Services (EOHHS) is committed to ensuring patients' access to Mifepristone as various national legal proceedings continue. Access to this medication remains legally protected in Rhode Island.

Mifepristone is a medication prescribed to people for the medical termination of pregnancy. This medication is safe and effective and has been authorized for use by the U.S. Food and Drug Administration (FDA) for more than 20 years.

EOHHS has taken the following actions to ensure Rhode Islanders have access to Mifepristone:

Communicated and required our three contracted Medicaid Managed Care Organizations, Neighborhood Health Plan of Rhode Island, UnitedHealthcare of New England and Tufts Health Public Plans, which currently serve one out of every three Rhode Islanders, continued access to Mifepristone under current rules and regulations allowed under the Medicaid Program;

Coordinated with the Rhode Island Department of Health (RIDOH), the Office of the Health Insurance Commissioner (OHIC) and HealthSource RI to provide information to other commercial and qualified health plans, doctors and other prescribers, and pharmacies; and

Shared important updates with community partners and advocates to ease concerns or confusion in light of various federal rulings about Mifepristone access. As of today, this access remains legal and allowable in Rhode Island.

“At EOHHS, we work every day to ensure that all Rhode Islanders have a voice, a choice and equity in the health and human services they and their families receive,” said EOHHS Acting Secretary Ana Novais. “I am proud to stand with the organizations and advocates who fight every day for reproductive rights—whether it be for this medication or for our Equity in Abortion Coverage proposal, as all people deserve a comprehensive array of reproductive services from our health system. **As of today, all Rhode Islanders have access to the same coverage, treatments, and care that they had before federal court rulings. Access to mifepristone is not impacted in Rhode Island.** We will continue to work with the Governor and our state's health and human services agencies to share information, ensure that access to Mifepristone and other essential treatment continues to be protected, and inform the public about any changes on this matter.”

## Pharmacy Spotlight



### Attention Pharmacies

Due to the restart of Medicaid Renewals, there may be instances where Medicaid members are losing coverage or experiencing gaps in coverage. Gaps in coverage could impact managed care enrollment. When presented with a managed care claim denial, please request the white anchor ID card from the member. The white anchor card contains the members fee-for-service ID which may be active during a managed care coverage gap.

### RI AIDS Drug Assistance (ADAP) – Payor of Last Resort

What does this mean? Simply, that all other prescription benefits must be billed before billing ADAP.

When a RI AIDS Drug Assistance (ADAP) patient presents a prescription for a pharmacist to fill, the pharmacist should ask the patient to provide all cards for private prescription programs, Medicare Part D or Medicaid.

All non-ADAP prescription drug programs will be the primary payor. If the drug is covered under the scope of primary payer's program, then RI ADAP will pay the co-pay. If the drug is not covered by the primary payer's program, **and** ADAP covers the drug, then ADAP will pay the claim.

If the primary payor denies the claim because the drug requires prior authorization, then a PA must be sought from the primary payor.

### At-Home COVID-19 Test Kits Update

RI EOHHS Fee-for-Service (FFS) Medicaid program allows enrolled pharmacy providers to process At-Home COVID Test Kits at point of service (i.e., at the pharmacy). As with any over-the-counter (OTC) product, coverage of the claim requires a prescription. **As of February 24, 2023, the RI Department of Health (RIDOH) standing order for At-Home COVID-19 Test Kits is expired.** Therefore, in order to obtain an At-Home COVID-19 Test Kit, the beneficiary must request a prescription from their FFS Medicaid enrolled prescriber. The process to prescribe an At-Home COVID-19 Test Kit is the same as the process for other OTC product. Coverage for At-Home COVID-19 Test Kits is unchanged; this update is solely regarding the need for a prescription from beneficiaries' prescribers now that the RIDOH standing order is expired.

# Pharmacy Spotlight cont.



## Meeting Schedule:

### Pharmacy and Therapeutics Committee and Drug Utilization Review Board

The next meeting of the Pharmacy & Therapeutics Committee (P&T) is scheduled for:

**Date:** June 6th, 2023

**In Person Registration on site:**  
**7:30 AM**

**Meeting:** 8:00 AM

**Location:** Executive Office of Health and Human Services, Virk's Bldg., 3 West Road, Cranston, RI

[Click here for agenda](#)

The next meeting of the Drug Utilization Review (DUR) Board is scheduled for:

**Date:** June 6th, 2023

**In Person Registration on site:**  
**10:15 AM**

**Meeting:** 10:30 AM

**Location:** Executive Office of Health and Human Services, Virk's Bldg., 3 West Road, Cranston, RI  
om

[Click here for agenda](#)

### 2023 Meeting Dates:

June 6th, 2023  
September 12th, 2023  
December 12th, 2023



# Pharmacy Spotlight cont.



The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective May 2023.

<p><b><u>Colony Stimulating Factors</u></b>  <b><u>Changed status to Non-preferred</u></b>                  Granix Syringe                  Nyvepria</p> <p><b><u>Changed status to Preferred</u></b>                  Fynetra</p>	<p><b><u>Contraceptives, Other</u></b>  <b><u>Changed status to Non-Preferred</u></b>                  Xulane</p> <p><b><u>Changed status to Preferred</u></b>                  Twirla                  Zafemy</p>
<p><b><u>Glucagon Agents</u></b>  <b><u>Changed status to Non- Preferred</u></b>                  Glucagon Emergency Kit (Fresenius)</p> <p><b><u>Changed status to Preferred</u></b>                  Glucagon Emergency Kit (Lily)</p>	<p><b><u>Growth Hormone</u></b>  <b><u>Changed status to Non-Preferred</u></b>                  Norditropin Pen</p> <p><b><u>Changed status to Preferred</u></b>                  Nutropin AQ Pen</p>
<p><b><u>Hypoglycemics, Insulin and Related Agents</u></b>  <b><u>Changed status to Preferred</u></b>                  insulin glargine Pen                  insulin glargine Vial</p>	<p><b><u>Hypoglycemics, Meglitinides</u></b>  <b><u>Changed status to Preferred</u></b>                  Riomet solution</p>
<p><b><u>Phosphate Binders</u></b>  <b><u>Changed status to Non-Preferred</u></b>                  Renagel</p>	<p><b><u>Proton Pump Inhibitors</u></b>  <b><u>Changed status to Preferred</u></b>                  Dexilant</p>
<p><b><u>Ulcerative Colitis Agents</u></b>  <b><u>Changed status to Non-Preferred</u></b>                  Canasa (rectal)                  Rowasa (rectal)</p> <p><b><u>Changed status to Preferred</u></b>                  mesalamine (Canasa) (rectal)                  SFRowasa (rectal)</p>	<p><b><u>Weight Management Agents</u></b>  <b><u>Changed status to Preferred</u></b>                  Contrave</p>
<p>To view the entire Preferred Drug List please check the Rhode Island EOHHS Website at:  <a href="http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx">http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx</a></p>	



## Rite Share Billing

### Program Description

Rite Share is Rhode Island's Premium Assistance Program that provides help paying for an employer's health insurance plan. The State will pay all or part of the cost for employee health insurance coverage.

### Professional Billing

#### Rite Share Paper Submission

RI Medicaid will usually pay the patient responsibility (coinsurance and/or deductible) portion indicated on the EOB of the primary payer of recipients enrolled in the Rite Share program. Payments are capped at \$500. When billing RI Medicaid for the patient responsibility portion of the services billed to the primary payer;

- There should be only one line of charges on the claim
- The charge on that detail should be the total amount of the coinsurance and/or deductible
- Total charges should equal those on detail one.
- No "other insurance" information should be reported on the claim
- No "prior payments" should be reported on the claim
- Primary payer EOB should be included with the claim
- HCPC code is X0701

#### Rite Share-Electronic Submission

Patient Responsibility (coinsurance and/or deductible) should be submitted using the actual procedure code for the services performed. Indicate yes to other insurance and enter Adjustment Codes, Group/Reason Codes as reported on the primary payers EOB. The PR codes will indicate the amount of the coinsurance and/or deductible.

### Institutional Billing

#### Rite Share-Paper Submission

RI Medicaid will usually pay the patient responsibility (copay, coinsurance and/or deductible) portion indicated on the EOB of the primary payer of recipients enrolled in the Rite Share program. Payments are capped at \$1000 and are paid at the Ratio of Cost to Charges (RCC) x total charges rate.

When billing RI Medicaid for the patient responsibility portion of the services billed to the primary payer;

- There should be only one line of charges on the claim
- The charge on that detail should be the total amount of the copay, coinsurance and/or deductible
- Total charges should equal those on detail one.
- No "other insurance" information should be reported on the claim
- No "prior payments" should be reported on the claim
- No primary payer EOB should be included with the claim
- All amounts are paid at the RCC x total charges
- TOB should be 994
- For Hospitals the Provider ID will be the Legacy ID not the NPI/Taxonomy

RI Medicaid may also consider for payment services that are non-covered by the primary carrier if these services are generally covered by Medicaid. **Note: Any denials by primary indicating non-compliance with policy are considered invalid and Medicaid will not consider these services for payment.**

#### Rite Share-Electronic Submission

Patient Responsibility (copay, coinsurance and/or deductible) should be submitted using the actual procedure code for the services performed. Indicate yes to other insurance and enter Adjustment Codes, Group/Reason Codes as reported on the primary payers EOB. The PR codes will indicate the amount of the coinsurance and/or deductible.

## New - Fingerprinting Requirements for “High Risk” Providers and Owners

With the passage of the SFY23 budget and in accordance with Section 640I of the Affordable Care Act, Medicaid enrollment. Requires a fingerprint-based criminal background check (FCBC) as part of new screening and enrollment requirements for all “high risk” providers and all persons with a 5% or greater direct or indirect ownership interest in such providers. The final rule for Section 640I assigned risk levels for provider types that are recognized by Medicare. Rhode Island Medicaid adopted those risk levels and assigned risk levels for Medicaid-only provider types. Provider screening and enrollment requirements are based on the risk level for a particular provider type or provider.

Rhode Island Medicaid may rely on fingerprinting and background checks performed by Medicare (or another State Medicaid Agency) for an individual when it can be verified, and the provider is still in an approved status.

The following is a list of the provider types that have been classified as high risk.

### **High Risk Providers**

- ✦ New enrollees in the following provider types:
  - Durable Medical Equipment Providers (newly enrolling on or after July 1, 2018 only)
  - Home Health Agencies (newly enrolling on or after July 1, 2018 only)
- ✦ Federal regulations also require that any provider that meets one of the following criteria be classified as high risk:
  - Has had a payment suspension based on a credible allegation of fraud, waste, or abuse since July 1, 2018;
  - Excluded by OIG or another state Medicaid program within the past 10 years; or
  - Has a qualified overpayment and is enrolled or revalidated on or after July 1, 2018

### **Notification and Process**

Impacted providers will receive written notification from Rhode Island Medicaid that they and/or their owners are required to comply. Applicant Registration form will need to be uploaded to the Provider Portal within 30 days. That information will be entered into the Rhode Island Office of the Attorney General’s fingerprinting system by Rhode Island Medicaid.

A letter will then be generated and sent to the individuals to be fingerprinted that includes a unique ID number and instructs them to visit the Rhode Island Office of the Attorney General’s offices in Cranston, Rhode Island within 30 days. Providers must ensure that each of their qualifying owners do so within this timeframe.

Failure to have the fingerprints of each individual on the notification letter scanned within these time frames may result in denial of an enrollment application or termination of enrollment with Rhode Island Medicaid.

## Continued: New - Fingerprinting Requirements for “High Risk” Providers and Owners

In addition, if providers or their owners are found to have been convicted of any the legislative disqualifying felonies under the National Criminal Background Check Program (NBCP) and/or convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the title XX services program since the inception of those programs, Rhode Island Medicaid may deny their enrollment application or terminate their enrollment. To avoid a denial or termination, providers may be required to remove any owners who fail to have their fingerprints scanned within 30 days, or are found to have been convicted of any of the previously mention offences.

### **Background Check Results**

The results of your National Background Check (NBC) will be provided directly to Rhode Island Medicaid, where you will receive a qualified or unqualified decision. An unqualified decision is reached when one of the nineteen felonies are found during the background check, if you receive an unqualified decision, you are entitled to reach out to the Attorney General's office for detailed information and appeal the decision.

Providers/Owners that receive an unqualified decision will not be allowed to participate in Rhode Island Medicaid.

## Signature Requirements

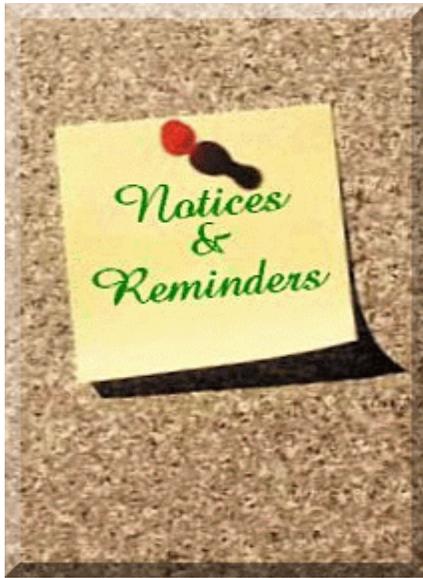
Several RI Medicaid documents still require live provider signatures (no stamps, typed or initials) to be accepted. If the document is received without the live signature, it will be returned for signature, delaying the processing of your request.

This applies to the following documents:

- Paper Claim Forms
  - ◊ ADA Dental
  - ◊ CMS 1500
  - ◊ UB-04
  - ◊ Waiver/Rehab
- All Prior Authorization Forms
- MDS Forms
- Certifications of Medical Necessity
- Paper Provider Enrollment Applications for adding new providers to a group
- W-9 Form
- Paper Adjustment and Recoupment forms
- Electronic Funds Transfer (EFT) Paper Form
- Provider Change of Information Forms



There has been an increase in documents being returned to providers and we want to ensure to process documents in a timely manner for all providers. Thank you for your understanding



Keep up to date with all provider news and updates on the EOHHS website:

[Provider News](#)

[Provider Updates](#)

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### Prior Authorization Requests

Please **do not** fax prior authorization requests that contain more than 15 pages. If your request is over 15 pages please mail your requests to:

Gainwell Technologies  
Prior Authorization Department  
PO Box 2010  
Warwick, RI 02887-2010

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### Provider Enrollment Application Fee

As of January 1, 2023 the application fee to enroll as a Medicaid provider is  
\$688.00

**See more information regarding providers who may be subject to application fees [here](#).**

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## Healthcare Portal Recipient Eligibility Verification

The Healthcare Portal functionality for verifying eligibility allows providers to check the previous thirty-six (36) months and two (2) months into the future from the present date. The maximum span of three (3) months per inquiry is allowed. The timely filing rule of one (1) year from date of service applies to claims processing.

**Eligibility Verification Request** ?

\* Indicates a required field.

Please select or enter valid Provider Information. Either a Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

<b>NPI</b> <input type="text"/>	<b>Provider Type</b> <input type="text"/>	<b>Taxonomy</b> <input type="text"/>
<b>Billing Provider</b> <input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Rendering Provider</b> <input type="text"/>	<input type="text"/>	<input type="text"/>

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The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

**Provider ID**

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Please enter Recipient ID.  
**For CNOM Providers only:** If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From Date, and Payer.

**Recipient ID**

**Last Name**  **First Name**  **MI**  **Birth Date**

**Payer**

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Date range may be 36 months prior to today / 2 months into the future, with a maximum 3-month date span.

**\*Effective From Date**  **Effective To Date**

**Service Type Code**

<b>Service Type Code #1</b> <input type="text"/>	<b>Service Type Code #2</b> <input type="text"/>
<b>Service Type Code #3</b> <input type="text"/>	<b>Service Type Code #4</b> <input type="text"/>
<b>Service Type Code #5</b> <input type="text"/>	<b>Service Type Code #6</b> <input type="text"/>

[Show More Service Type Codes](#)

Submit
Reset



## Information Regarding Remittance Advice

### Just a reminder.....

As a reminder, remittance advice (RA) documents are accessed through the Healthcare Portal. The most recent four RA documents are available for download.



Providers must download and save or print these documents in a timely manner to ensure access to the information needed. When a new RA becomes available, the oldest document is removed, and providers are unable to access it. The Payment and Processing calendar lists the dates of the RA for your convenience.

RI Medicaid does not provide printed copies of RA documents. Please see the financial schedule [here](#).

## Meet the Teams that Support our Providers

RI Medicaid would like to introduce you to our RI Medicaid Customer Service Help Desk and Provider Representatives.

### **Provider Representative**

Mary Jane Nardone has been assisting RI Medicaid providers for 15 years as the Electronic Data Interchange (EDI) Coordinator. One of the things she likes most about her role at RI Medicaid is getting to know the provider community. She feels when you get to know the provider, it puts the provider at ease and helps them explain what the issue is so that she can better solve their problem. One of her favorite issues to resolve is anything related with electronic claim submissions and digging into the file to resolve the billing issue. Before coming to Gainwell Technologies, Mary Jane worked in Customer Service and Durable Medical Equipment (DME) billing. Her experience in those fields helped expose her to X12 transactions and the healthcare software industry and strengthened her customer service skills.

Mary Jane sees her patience to help isolate the true issue at hand with the provider as one of her strengths that helps in her day-to-day tasks.

Mary Jane loves starting her day with an early morning walk and listening to the sounds of nature around her. She enjoys spending time with her new grandson, Owen James. She also enjoys cooking for her family and entertaining and looks forward to spending quiet lazy summer days by the pool.



### **Customer Service Help Desk Associate**

Kelly Lopez has been serving RI Medicaid through Gainwell Technologies for 10 months. Before working for Gainwell Technologies Kelly worked in VA Claims Pros, verifying claims for Veterans and assisting them to obtain VA benefits. Her previous role has allowed her a smooth transition to the RI Medicaid Customer Service Help Desk.

Kelly's motivation to resolve issues through to completion and her charisma are strengths that assist her with taking calls. Kelly enjoys the ability to work from home and learn all the intricacies of Medicaid billing.

In addition to working full time, Kelly enjoys running her own business. She has two businesses selling luxury picnics and her own beauty brand of vegan cosmetics.



Please call us Monday – Friday 8:00 AM – 5:00 PM  
401-784-8100 for local and long distance calls  
(800) 964-6211 for in-state toll calls

**PAYMENT ERROR RATE MEASUREMENT PROGRAM (PERM)**  
**INITIAL MEDICAL RECORDS REQUESTS**

CMS PERM Review Contractor, NCI Information Systems, Inc. continues to review randomly selected samples of claims to request medical records for. Additional (First, Second, Third/Final Notice of Non-Response) medical records requests are mailed to providers.

If you receive one of these requests, please follow the instructions for submission. This request, as pictured below, is a legitimate request from a CMS contractor. Failure to submit medical records could lead to claim recoupment.

Date: [RequestDate]

Reference ID: [PERM ID]

OMB Control Number: [OMB#]

NPI: [NPI#]

**Request Type & Purpose: Additional Documentation Request (First Additional Documentation Request)**

**Subject: Additional Documentation – This is not a duplicate request**

*To request a copy of this letter in Spanish, please contact the PERM Customer Service Department at 800-393-3068. Once a Spanish-language letter is requested, all future correspondence for this specific PERM ID will continue in Spanish.*

*Para solicitar una copia de esta carta en Español, por favor de contactar al Departamento de Servicio al Cliente de PERM al 800-393-3068. Una vez que la carta en Español sea solicitada, toda correspondencia futura especifica a este identificación PERM será continuada en Español.*

Dear Medicaid and/or CHIP Provider:

The Centers for Medicare & Medicaid Services (CMS), in partnership with the states, is measuring improper payments in Medicaid/CHIP under the Payment Error Rate Measurement (PERM)<sup>1</sup> program.

**Reason for Selection:** A claim submitted by or on behalf of you/your organization has been randomly selected for review under this program. The review will be completed by CMS' review contractor, NCI Information Systems, Inc.

**Action: Send Additional Documentation:** A request for the medical/supporting record was sent to you on xx/xx/xxxx for the beneficiary listed on the enclosed Claim Summary. Thank you for your response to the request. It has been determined by the reviewer, however, that additional documentation is needed to complete the review of this claim. **Your cooperation in submitting the additional documentation to us within fourteen (14) days is essential to ensure that the claim is accurately reviewed to determine proper payment.** Federal regulations require that you provide the documentation to support claims for Medicaid/CHIP services upon request<sup>2</sup>. **Providing medical records for Medicaid/CHIP patients does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization IS NOT REQUIRED to provide medical records in response to this request.** CMS and its contractors will remain in compliance with the Privacy Act and regulations.

**When:** [MedrecDueDate]

Please provide the requested documentation by [MedrecDueDate]. A response is still required by [MedrecDueDate] even if you are unable to locate the requested information.

**Consequences:** If you fail to deliver the requested additional documentation or contact us by [MedrecDueDate], the claim will be cited as an erroneous payment and your state agency may pursue recovery of payment for this claim from you.

The Wavemaker Fellowship program provides a refundable tax credit to professionals working at employers throughout Rhode Island.



#### **RELEVANT FIELDS:**

- Life, Natural or Environmental Sciences
- Computer, Information or Software Technology
- Advanced Mathematics or Finance
- Engineering
- Healthcare
- Industrial Design or Other Commercially Relevant Design Field
- Medical or Medical Device Technology

#### **ELIGIBILITY:**

- Currently work full time, or have an offer of full-time work, at an RI-based employer performing work directly related to at least one of the eligible fields
- Graduated from an accredited post-secondary institute of higher education with an associate's, bachelor's, graduate, or post-graduate degree
- Have student loan debt currently in repayment, or entering repayment shortly after application to the program

#### **PROGRAM SPECIFICS:**

- Fellows with an Associate's degree are eligible for up to \$1,000/year
- Fellows with a Bachelor's degree are eligible for up to \$4,000/year
- Fellows with a Master's degree or higher are eligible for up to \$6,000/year
- Tax credits are calculated based on the Fellow's annual minimum student loan burden
- Fellowship provides various personal and professional development programs, networking opportunities, community-based events and more

For more information visit the [Wavemaker Website](#).

## Wavemaker Fellowship Program

The new application period for the Wavemaker Fellowship Program is now live! We look forward to accepting new Fellows in 2023!

Launched in 2016, the purpose of the Wavemaker Fellowship program has been to recruit & retain high quality STEM/Design professionals in the state of Rhode Island. We are now excited to announce that the Wavemaker Fellowship Program will also include those in healthcare professions throughout the state.

The application period will be longer than it was previously- applications for the Fellowship program went live on **Friday, April 14, 2023**, and will be accepted until **Wednesday, June 14, 2023**, and we appreciate any assistance you can provide in helping us share the news. As a reminder, the Wavemaker Fellowship program is an incentive that provides student loan debt relief (up to \$6k/year!) to professionals who work for companies in RI, in a STEM or commercially relevant design function as well as the Healthcare industry.

The application and decision process are competitive, and some individuals may have previously applied and were not selected; however, they are more than welcome to apply again if they remain eligible!

The Wavemaker Fellowship program provides up to 4 years of student debt relief to professionals who work in RI in a STEM or commercial design field and the Healthcare industry. 2023 Applications are open- click <https://wavemaker.commerceri.com/> to learn more & apply today!

### Additional notes:

- The Wavemaker Fellowship program website containing all info, and the link to apply, is: <https://wavemaker.commerceri.com/> [[linkprotect.cudasvc.com](https://linkprotect.cudasvc.com/)]
- Any questions about the program should be directed to [wavemaker@commerceri.com](mailto:wavemaker@commerceri.com)
- If you are inserting an image in an email or newsletter, please also be sure to include or embed a link to the website for more information.

### ESPECIALLY RELEVANT TO THOSE WHO MAY BE HIRING TALENT TO FILL QUALIFYING POSITIONS:

We offer an 'early action' opportunity for applicants to the Wavemaker Fellowship program. For applicants who have an **active offer of employment (meaning they have an offer for, but have not yet accepted, a job in RI)** and a stellar application, we are able to notify them if they will be offered acceptance into the program much sooner than in the past. The hope is that the more nimble turnaround time will help them ultimately make the decision to accept the job offer & stay working here in RI!

**State FY 2023  
Claims Payment and Processing Schedule**

MONTH	LTC CLAIMS Due at Noon	EMC CLAIMS Due by 5:00PM	EFT PAYMENT
July	7/07/2022	7/08/2022	7/15/2022
		7/22/2022	7/29/2022
August		8/05/2022	8/12/2022
	8/11/2022	8/12/2022	8/19/2022
		8/26/2022	9/02/2022
September			
	9/08/2022	9/09/2022	9/16/2022
		9/23/2022	9/30/2022
October	10/06/2022	10/07/2022	10/14/2022
		10/21/2022	10/28/2022
November	11/03/2022	11/04/2022	11/10/2022
		11/18/2022	11/25/2022
December		12/02/2022	12/09/2022
	12/08/2022	12/09/2022	12/16/2022
		12/23/2022	12/30/2022
January	1/05/2023	1/06/2023	1/13/2023
		1/20/2023	1/27/2023
February		2/03/2023	2/10/2023
	2/09/2023	2/10/2023	2/17/2023
		2/24/2023	3/03/2023
March			
	3/09/2023	3/10/2023	3/17/2023
		3/24/2023	3/31/2023
April			
	4/06/2023	4/07/2023	4/14/2023
		4/21/2023	4/28/2023
May	5/04/2023	5/05/2023	5/12/2023
		5/19/2023	5/26/2023
June		6/02/2023	6/09/2023
	6/08/2023	6/09/2023	6/16/2023
		6/23/2023	6/30/2023
July	7/06/2023	7/07/2023	7/14/2023
		7/21/2023	7/28/2023

View the SFY 2023 Payment and Processing Schedule on the EOHHS website

[http://www.eohhs.ri.gov/ProvidersPartners/Billing&Claims/  
PaymentandProcessingSchedule.aspx](http://www.eohhs.ri.gov/ProvidersPartners/Billing&Claims/PaymentandProcessingSchedule.aspx)

## Notable Dates in June

**June 5th-World Environment Day**

**June 14th-Flag Day**

**June 18th-Father's Day**

**June 21st- Summer Solstice**

